



# Expanding NBS Functionality to include the STD PAM

2004 PHIN Conference

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# Additions to the NBS for STD



- STD-specific Investigation Forms
- STD Case Definitions Implemented via Business Rules
- STD Contact Tracing (Interview & Field Records)
- List and Display of Epi Network
- STD-specific Investigation Details
  - Complications
  - Counseling
  - Pregnancy
  - Referrals
  - Risk Factors
  - Social History
  - Signs/Symptoms
  - Travel History



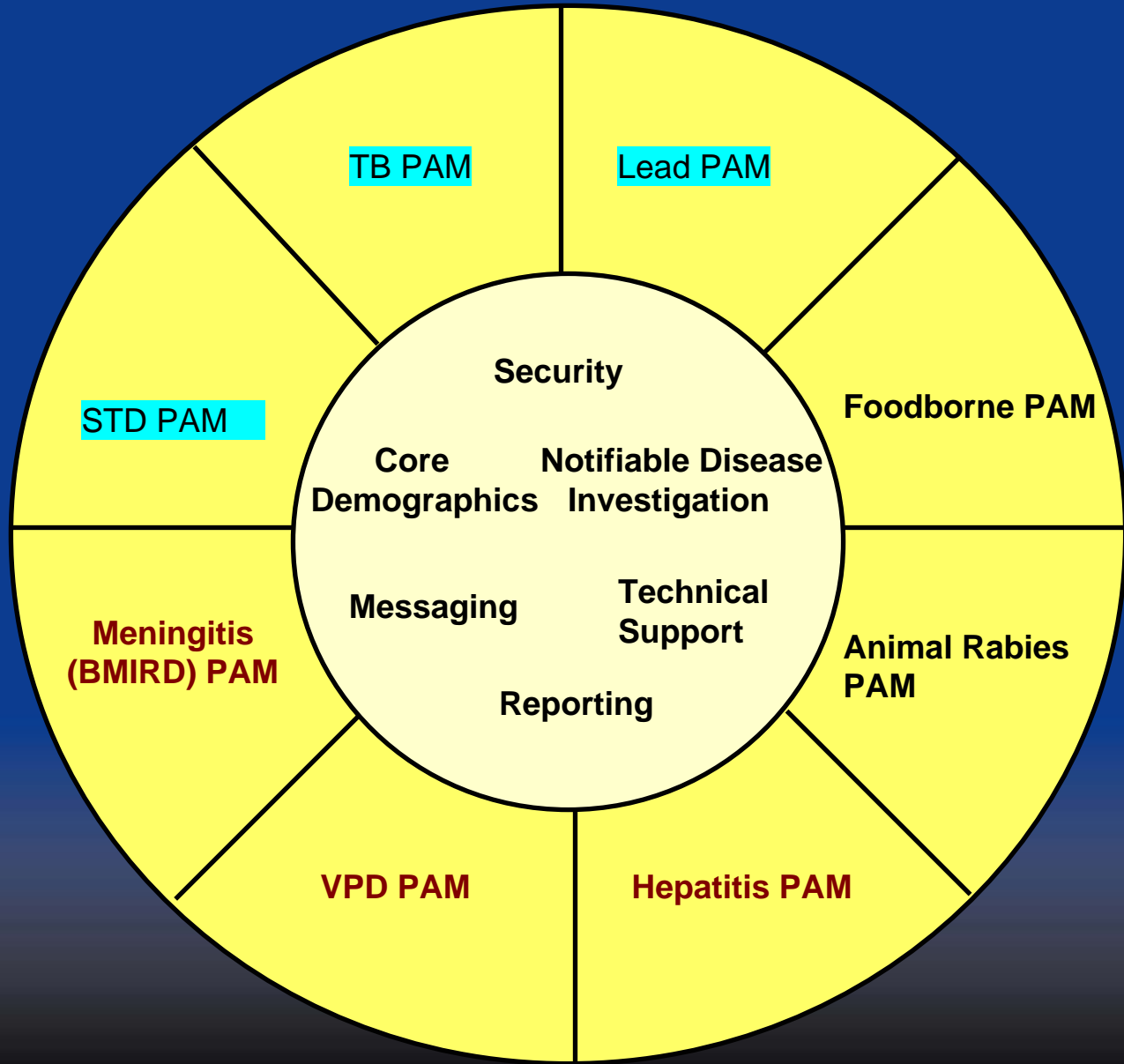
# STD PAM Requirements Documents



- Manage Investigations
- Manage Interview Records
- Manage Field Records
- Manage Queues
- Manage Epi Networks
- Manage Investigation Details
- Determine Action for STD Lab Reports
- STD PAM Analysis Reports



# NBS Functions



Future Releases

Current Release



[NND Notifications for Approval \(5\)](#)

[Observations Needing Program or Jurisdiction Assignment \(11\)](#)

[Observations Needing Review \(133\)](#)

[NND Notifications for Approval \(9\)](#)

[Observations Needing Program or Jurisdiction Assignment \(10\)](#)

[Observations Needing Review \(5\)](#)

## My Assignments

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[My Open Field Records \(5\)](#)

[My Open Interview Records \(2\)](#)

[My Open Investigations \(7\)](#)

[Lab Updates to my recent Investigations \(12\)](#)

Subsection titles and bars  
will only appear if the  
related queues below the  
title appear.

## My Workers' Assignments

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[Open Field Records \(2\)](#)

[Open Interview Records \(2\)](#)

[Open Investigations \(1\)](#)

[Field Records Needing Review \(4\)](#)

[Interview Records Needing Review \(2\)](#)

[Investigations Needing Assignment \(5\)](#)

[Out of System Transfer Field Records \(3\)](#)

[Return to Home Page](#)

See Sorting  
Order tab/page  
for expanded  
details

 **Sorting Order**



Submit



Print

**Results**

Filter Criteria

Your Filter Criteria resulted in X possible matches.

[Check All](#) | [Clear All](#)[Previous](#) | [Next](#)

Link to  
View Lab

Link to View  
Investigation

<a href="#">Remove</a>	<a href="#">Date of Test</a>	<a href="#">Patient Name</a>	<a href="#">Resulted Test Name</a>	<a href="#">Test Result</a>	<a href="#">Investigation Start Date</a>
<input type="checkbox"/>	01/31/2003	<a href="#">Elliot, Missy</a>	RPR	Reactive 1:256	<a href="#">01/31/2003</a>
<input type="checkbox"/>	01/31/2003	<a href="#">Kilpatrick-Willmington, Samantha</a>	FTA	Positive	<a href="#">01/31/2003</a>
<input type="checkbox"/>	01/30/2003	<a href="#">Mathers, Marshall</a>	FTA	Negative	<a href="#">01/30/2003</a>
<input type="checkbox"/>	01/24/2003	<a href="#">Zorin, Max</a>	<i>Chlamydia trachomatis</i>	Positive	<a href="#">01/24/2003</a>
<input type="checkbox"/>	01/23/2003	<a href="#">Hill, Benny</a>	<i>Neisseria Gonorrhoeae</i>	Negative	<a href="#">01/23/2003</a>
<input type="checkbox"/>	01/23/2003	<a href="#">Gretzky, Wayne</a>	RPR	Non-reactive	<a href="#">01/23/2003</a>
<input type="checkbox"/>	01/23/2003	<a href="#">Aiken, Clay</a>	RPR	Weakly Reactive	<a href="#">01/23/2003</a>
<input type="checkbox"/>	01/12/2003	<a href="#">Sanford, Fred</a>	FTA	Borderline	<a href="#">01/12/2003</a>
<input type="checkbox"/>	01/02/2003	<a href="#">Coltrain, Rosco P.</a>	<i>Chlamydia trachomatis</i>	Positive	<a href="#">01/02/2003</a>
<input type="checkbox"/>	01/02/2003	<a href="#">Love, Courtney</a>	RPR	Reactive 1:4	<a href="#">01/02/2003</a>

[Previous](#) | [Next](#)

Submit



Print

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Order tab/page  
for expanded  
details

Sorting Order

Results

Filter Criteria

Your Filter Criteria resulted in X possible matches.

[Previous](#) | [Next](#)

Remove	Date Assigned	Worker Number	Patient Name	Dispo.	Diag.	Priority	Jurisdiction
<input type="checkbox"/>	01/31/2003	PWH-710	<a href="#">Elliot, Missy</a>	C	710	Routine	Adams County
<input type="checkbox"/>	01/31/2003	PWH-100	<a href="#">Kilpatrick-Willmington, Samantha</a>	A		Medical Legal	Douglas County
<input type="checkbox"/>	01/30/2003	PWH-100	<a href="#">Mathers, Marshall</a>	H		Prenatal	Douglas County
<input type="checkbox"/>	01/24/2003	PWH-230	<a href="#">Zorin, Max</a>	J		Medical Legal	Richmond County
<input type="checkbox"/>	01/23/2003	PWH-710	<a href="#">Hill, Benny</a>	K		Neonatal	Cherokee County
<input type="checkbox"/>	01/23/2003	PWH-230	<a href="#">Gretzky, Wayne</a>	F		Other	Fayetteville County
<input type="checkbox"/>	01/23/2003	PWH-710	<a href="#">Aiken, Clay</a>	A		Routine	Adams County
<input type="checkbox"/>	01/12/2003	PWH-230	<a href="#">Sanford, Fred</a>	A		Routine	Fayetteville County
<input type="checkbox"/>	01/02/2003	PWH-230	<a href="#">Coltrain, Rosco P.</a>	A		Other	Richmond County
<input type="checkbox"/>	01/02/2003	PWH-100	<a href="#">Love, Courtney</a>	E	300	Other	Douglas County

[Previous](#) | [Next](#)

Print

When removed from the queue via the Remove checkbox, the FR's status changes from "needing review" to "removed".



[Return to Home Page](#)

Title will change  
pending queue  
selected from  
home page.

Results

Filter Criteria

### Condition

Bacterial Vaginosis  
Chlamydia  
Gonorrhea  
Hepatitis  
HIV  
Syphilis  
All Conditions

Condition filtered by Program Areas to which  
user has permissions.  
Multi-select box expand width pending length  
of fields shown.

Will default to "All Conditions"

Workers section  
will only appear  
for My Workers'  
Assignment  
queues except  
Investigations  
Needing  
Assignment

### Workers

[Check All](#) | [Clear All](#)

☐ James Bond  
☐ Auric Goldfinger  
☐ Rosa Kleb  
☐ Francisco Scaramanga

Workers filtered by Program Areas to which  
user has permissions.

Will default to all Workers checked

### Jurisdiction

[Check All](#) | [Clear All](#)

#### County

☐ Adams ☐ Darby ☐ Grand View  
☐ Buscombe ☐ Esslinger ☐ Hiwasse  
☐ Calloway ☐ Framingham ☐ Indigenous

Etc.

Jurisdictions filtered as those to  
which user has permissions.

Will default to all Jurisdictions  
checked

The dropdowns contain a list of all the table column headers: Date Assigned, Patient Name, Referral Code, Condition, Priority, and Jurisdiction.

When submitting Sort, there must be an entry (non-blank) in the first dropdown if there is an entry in the second dropdown. Also, there must be an entry in the second dropdown if there is something in the third dropdown.

☐ Sorting Order

System Defaults

First: Date Assigned

Second:

Third:

[Return to Home Page](#)

Print

Sort

Results

Filter Criteria

Your Filter Criteria resulted in X possible matches.

[Previous](#) | [Next](#)

<u>Date Assigned</u>	<u>Patient Name</u>	<u>Referral Code</u>	<u>Cond.</u>	<u>Priority</u>	<u>Jurisdiction</u>
01/31/2003	<a href="#">Eliot, Missy</a>	P1	710	Routine	Adams County
01/31/2003	<a href="#">Kilpatrick- Willmington, Samantha</a>	P2	200	Medical Legal	Douglas County
01/30/2003	<a href="#">Mathers, Marshall</a>	P2	300	Prenatal	Douglas County
01/24/2003	<a href="#">Zorin, Max</a>	P1	710	Medical Legal	Richmond County
01/23/2003	<a href="#">Hill, Benny</a>	A3	710	Neonatal	Cherokee County
01/23/2003	<a href="#">Gretzky, Wayne</a>	S2	200	Other	Fayetteville County
01/23/2003	<a href="#">Aiken, Clay</a>	A1	710	Routine	Adams County
01/12/2003	<a href="#">Sanford, Fred</a>	P2	790	Routine	Fayetteville County
01/02/2003	<a href="#">Coltrain, Rosco P.</a>	P1	300	Other	Richmond County
01/02/2003	<a href="#">Love, Courtney</a>	A1	300	Other	Douglas County

[Previous](#) | [Next](#)

Print

View Investigation

User: Maria Simkin

[Return to Queue](#)



Edit



Transfer



Delete

Name: Edwards, Missy DOB: 12/23/1980 Age: 22 Sex: F

[Investigation Summary](#) | [Patient Data](#) | [Relationships](#) | [Observations](#) | [Investigation Detail](#) | [Notifications](#)

**Investigation Summary**

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**Patient Data**

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**Relationships**

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**Observations**

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**Investigation Detail**

[Back to Top](#)

**Notifications**

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[Return to Queue](#)

Edit



Transfer



Delete

Name: Edwards, Missy DOB: 12/23/1980 Age: 22 Sex: F

[Investigation Summary](#) | [Patient Data](#) | [Relationships](#) | [Observations](#) | [Investigation Detail](#) | [Notifications](#)**Investigation Summary**[Back to Top](#)Share Investigation: ☒

Investigation Status: Open

Date Opened: 7/2/2003

Date Closed:

Investigator: [Tonia Majors](#)

Date Assigned: 07/03/2003

Program Area: STD

Jurisdiction: Fulton

Disease Group: Syphilis

Condition: 750 - Late Syphilis with

Date of Diagnosis: 10/10/2002

Date of Report: 07/02/2003

Lot #: [LT1](#)

OOJ Investigation:

Case Status: Probable

**Notes****Patient Data**[Back to Top](#)[View Extended Patient Data](#)[View History](#)

As Of Date: 7/2/200

Name: Missy Edwards

Date of Birth: 12/23/1980

Current Age: 22

Current Sex: F

Ethnicity: N

Race: W

Address: 5 Peter Place;  
Atlanta, GA 30329

County: Fulton

Country:

Home Phone: (770) 667-8890

Work Phone:

E-mail:

Marital Status:

Deceased: Yes

Deceased Date:

Comments:

## Relationships

[Back to Top](#)[Manage Relationships](#)

### Named By Missy Edwards

<u>Date Created</u>	<u>Name</u>	<u>Referral Basis</u>	<u>Disposition</u>	<u>Dispo Date</u>
---------------------	-------------	-----------------------	--------------------	-------------------

### Named Missy Edwards

<u>Date Created</u>	<u>Name</u>	<u>Referral Basis</u>	<u>Disposition</u>	<u>Dispo Date</u>
7/2/2003	<a href="#">Monroe, Marshall</a>	Partner		

## Observations

[Back to Top](#)

### Lab Reports (2)

[Add New](#)

<u>Date</u>	<u>Test Name</u>	<u>Code Result</u>	<u>Numeric Result</u>	<u>Decision</u>
<a href="#">1/1/2003</a>	TEST2	Positive		
<a href="#">7/20/2003</a>	RPR	Positive		

### Provider Reports (0)

[Add New](#)

<u>Date</u>	<u>Condition</u>	<u>Report Type</u>	<u>Case Status</u>	<u>Provider</u>
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### Field Records (1)

[Add New](#)

<u>Date</u>	<u>Condition</u>	<u>Referral Basis</u>	<u>Disposition</u>	<u>Dispo Date</u>
<a href="#">7/2/2003</a>		Partner		

### Interview Records (0)

[Add New](#)

<u>Open Date</u>	<u>Close Date</u>	<u>Case Number</u>	<u>Lot Number</u>	<u>Assigned Worker</u>
<a href="#">10/10/2002</a>		1234567	LT1	

## Investigation Detail

[Back to Top](#)[Expand All](#) | [Collapse All](#)[Complications \(5\)](#)[Counseling \(2\)](#)[Pregnancy \(0\)](#)[Referrals \(1\)](#)[Risks \(0\)](#)[Social History \(0\)](#)[Signs/Symptoms \(0\)](#)[Travel History \(0\)](#)[Treatments \(0\)](#)[Expand All](#) | [Collapse All](#)

## Notifications

[Back to Top](#)Date SentJurisdictionMMWR WeekMMWR YearConditionCase Status



Submit



Cancel

Patient Information

Field Record

[Disposition](#) | [Field Activity Log](#)*\* Indicates a required field.***\* Date Opened:**   
mm/dd/yyyy**Field Record Number:** **\* Condition:** **\* Jurisdiction:** **Share Field Record:** ☐**\* Referral Basis:** **Other:** **Priority:** **Referral Type:** **OP Case ID:** **Interview Type:** **Quick Code:** **Interviewer:****Date Interviewed:**   
mm/dd/yyyy**Marginal Partner:** ☐**First Exposure:**   
mm/dd/yyyy**Last Exposure:**   
mm/dd/yyyy**Exposure Frequency:** **Height:** **Size/Build:** **Hair:** **Complexion:** **Additional  
Identifying, Locating  
or Medical Info:****Named By:****Relationship:** **Quick Code:** **\* Assigned Worker:****\* Date Assigned:**   
mm/dd/yyyy

## Disposition

Disposition:

\* Disposition Date:   
mm/dd/yyyy

Diagnosis:

Transmission:

## Field Activity Log

<u>Date</u>	<u>Notes</u>
<a href="#">Edit</a>   <a href="#">Delete</a>	
<a href="#">Edit</a>   <a href="#">Delete</a>	

Date:   
mm/dd/yyyy

Notes:

Add New Log Entry

Patient Information

Field Record



Submit



Cancel





Submit



Cancel

Patient Information

Interview Record

[Interview Information](#) | [Method of Case Detection](#) | [HIV Status](#) | [Exam History](#) | [Interview Log](#)

## Interview Information

*\* Indicates a required field.*Date Opened:   
mm/dd/yyyyDate Closed:   
mm/dd/yyyyCase Number: Lot Number: *\* Assigned Worker:*Quick Code: 

Search

Clear

*\* Date Assigned:*   
mm/dd/yyyyInterview Location: Other Location: Interview Period:  

## Period Partners:

Sex Partners: Number:  Gender: Needle Sharing Partners: Number:  Gender: Both Sex and  
Needle Sharing Partners: Number:  Gender: Sex Partners in Last 12 Months: Number:  Gender: Co-infection:

## Method of Case Detection

Method of Detection:

Other Method:

Original Patient Investigation ID:

Original Patient Diagnosis:

Imported Case:

Case Source:

Symptomatic When First Tested:

Type of Facility Where First Tested:

Other Facility:

## HIV Status

HIV Status:

During Interview period taken anti-retroviral  
therapy for HIV infection:

Ever taken anti-retroviral therapy for HIV infection:

## Exam History

Date of Last Physical Exam:   
mm/dd/yyyy

Provider of Last Physical Exam:

Quick Code:

Date of Last Visit to Primary Health  
Care Provider:   
mm/dd/yyyy

Primary Health Care Provider:

Quick Code:

Date of Last Emergency Room Visit:   
mm/dd/yyyy

Reason for Last Emergency Room  
Visit:

Patient Information

Interview Record



Submit



Cancel

## Investigation Detail

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[Complications \(5\)](#)



[Counseling \(2\)](#)



[Pregnancy \(0\)](#)



[Referrals \(1\)](#)



[Risks \(0\)](#)



[Social History \(0\)](#)



[Signs/Symptoms \(0\)](#)



[Travel History \(0\)](#)



[Treatments \(0\)](#)

[Expand All](#) | [Collapse All](#)

## Notifications

[Back to Top](#)

<u>Date Sent</u>	<u>Jurisdiction</u>	<u>MMWR Week</u>	<u>MMWR Year</u>	<u>Condition</u>	<u>Case Status</u>
------------------	---------------------	------------------	------------------	------------------	--------------------

## Manage Complications

User: Maria Simkin

[Return to Investigation](#)

	<u>As Of Date</u>	<u>Type</u>	<u>Notes</u>
<a href="#">CO2</a>	7/25/2003	Neurologic Involvement	
<a href="#">CO6</a>	7/25/2003	Infertility	
<a href="#">CO7</a>	10/21/2003	Deafness	

*\* Indicates a required field*

\* **Worker:**

\* **As Of Date:**

\* **Type:**

Reporting Provider:

Exam Date:

Notes:

## Manage Counseling

User: Maria Simkin

[Return to Investigation](#)

	<u>As Of Date</u>	<u>Type</u>	<u>Status</u>	<u>Activity</u>
<a href="#">CL3</a>	7/25/2003	HIV Pre-test Counseling		
<a href="#">CL2</a>	7/25/2003	Risk Reduction	TEST	TESTME

*\* Indicates a required field*

\* **Worker:**

\* **As Of Date:**

\* **Type:**

**Notes:**

Submit

Clear

Delete

## Manage Referrals

User: Maria Simkin

[Return to Investigation](#)

	<u>Date</u>	<u>Type</u>	<u>Referral Agency</u>	<u>Follow Up</u>	<u>Outcome</u>
<a href="#">RE2</a>	7/25/2003	Drug Rehab	Clinic ABC	Yes	Reported, as referred

*\* Indicates a required field*

\* **Worker:**

\* **Referral Date:**

\* **Referral Agency:**

\* **Referral Type:**

**Follow Up Needed:** ☒

**Referral Outcome:**

**Confirmation Date:**

**Notes:**

Activity DateActivityPlace TypePlace*\* Indicates a required field***\* Worker:** Tonia Majors**\* As Of Date:** 5 /17/2004**\* Activity Date:** 5 /17/2004**\* Activity:** Meet Partners**Other Activity:****Place Type:** Park/Rest Area**Other Place Type:** Other  
Park/Rest Area**Place:** Project/Shelter  
Refused/Not Provided**Notes:** School  
Shopping Mall  
Street  
Work

Submit

Clear

Delete

## Manage Travel History

User: Maria Simkin

[Return to Investigation](#)

Start Date

End Date

Area

Location

*\* Indicates a required field*

\* **Worker:** Tonia Majors

\* **As Of Date:** 5 /17/2004

\* **Start Date:** 05/15/2004

\* **End Date:** 05/22/2004

\* **Travel Area:** International

\* **Travel Location:** Mexico

**Notes:** Vacation trip to Cozumel, Mexico with primary sex partner

Submit

Clear

Delete





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